

Bore Street Dental Practice Limited

Bore Street Dental Practice

Inspection Report

24 - 26 Bore Street
Lichfield
Staffordshire
WS13 6LL

Tel: 01543 262133

Website: www.borestreetdentalpractice.co.uk

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Overall summary

We carried out this announced inspection on 10 December 2019 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

Bore Street Dental Practice is in Lichfield, Staffordshire and provides NHS and private dental care and treatment for adults and children.

There is wheelchair and pushchair access to the practice. Car parking spaces, including dedicated parking for people with disabilities, are available in pay and display car parks near to the practice.

The dental team includes ten dentists, 16 dental nurses, two dental hygienists, five receptionists, one book keeper and one practice manager. The practice has nine treatment rooms in the main building and one treatment room in the garden surgery.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Bore Street Dental Practice is one of the two principal dentists.

On the day of inspection, we collected 36 CQC comment cards filled in by patients.

During the inspection we spoke with four dentists, four dental nurses, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. We found that the practice had not ensured that X-ray equipment had been serviced annually, this was immediately scheduled following our visit.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Whilst all staff had received regular safeguarding training they had not all received training to level two. This had been scheduled for January 2020.
- The provider had staff recruitment procedures which reflected current legislation. However, we found that two references were not always received for all staff.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health. They routinely referred patients to their dental hygienists through a clear care pathway.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

There were areas where the provider could make improvements. They should:

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, ensuring X-ray equipment is serviced in accordance with manufacturers guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations.

No action ✓

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

No action ✓

Are services caring?

We found this practice was providing caring services in accordance with the relevant regulations.

No action ✓

Are services responsive to people's needs?

We found this practice was providing responsive care in accordance with the relevant regulations.

No action ✓

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

No action ✓

Are services safe?

Our findings

We found this practice was providing safe care in accordance with the relevant regulations.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training in July 2019 however this was not level two training. We were advised that whilst some staff had completed safeguarding training to the appropriate level this did not apply to all staff. Safeguarding children and vulnerable adults' level two training had been scheduled for January 2020 for the full team. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers'

guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination. This did not contain all possible external contact details; the policy was updated within 48 hours of this inspection to include these.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the patient refused rubber dam root canal treatment was not undertaken at this practice.

The provider had a recruitment procedure to help them employ suitable staff and had checks in place for agency and locum staff. The practice did not have a recruitment policy, this was implemented and sent to us with 48 hours of this inspection. These reflected the relevant legislation. We looked at six staff recruitment records. These showed the provider mostly followed their recruitment procedure however, there was not always two references on the staff files we reviewed.

Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The practice manager demonstrated that fire safety was of high importance within this practice. They held in-house fire evacuation training for the team in July 2019 and had made signs labelled 'fire' which were placed in areas to restrict staff exiting the building. In addition to this 'patient' signs were placed around the building to represent patients needing escorting from the premises and to ensure that staff checked all areas of the practice during the drill.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The three yearly critical examination had been completed for all X-ray equipment however the annual servicing was overdue. We discussed this with the practice manager who advised that this was an oversight due to them changing provider and assured us that this would be rectified.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Due to the large size of the practice team this was schedule over two sessions each year to ensure all staff could attend.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice regularly used locum staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care

Are services safe?

records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements. Staff had all received information governance training in May 2019.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits had not been carried out annually.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 18 months there had been three incidents and four accidents recorded. We saw these were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the principal dentists who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

The dental technician worked closely with the dentists from their on-site laboratory and provided continuity of care and dental devices in a timely manner. This enabled denture repairs for all patients to be completed the same day. Patients frequently commented on their positive experiences with this service.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate and promoted oral health initiatives and campaigns on their social media website and on the information screen in the waiting room.

The practice supported the local community by providing preventive oral hygiene advice in local schools and

nurseries. Team members visited local schools and nurseries to educate children in tooth brushing techniques and deliver healthy eating advice. In addition to this the practice supported the local council by holding a 'trick or treat' event where staff dressed up in Halloween costumes and gave children goody bags containing dental products such as toothbrushes, toothpaste and toothbrushing timers.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. However, not all the dentists were routinely recording the basic periodontal examinations (BPE) for children aged seven and above. Recognised guidance states that BPEs should be completed for children aged seven years and over.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice. As part of this the dental hygienists carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists mostly assessed patients' treatment needs in line with recognised guidance. We reviewed a 12 clinical care records and found that some of the dentists were not always recording caries, oral cancer and periodontal risks.

The provider had some quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. The practice had not completed a recent record keeping audit, this had been scheduled for completion in January 2020.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. The practice encouraged staff members to develop and supported them to do so. Extended duties

held by dental nurses in the practice included radiography and oral hygiene instruction. The practice held six verifiable CPD sessions throughout the year to ensure all staff received training of core topics.

Staff new to the practice including locum staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through an electronic referral and tracking system to ensure they were responded to promptly. At the time of our inspection referrals that were not processed through the electronic tracking system were not monitored. A monitoring system was implemented within 48 hours of our inspection to rectify this.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were very helpful, caring and professional. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone. All patients were met by the dental nurses in the waiting area and escorted to the treatment rooms.

Patients without exception told us staff were compassionate and understanding. Feedback we received from 36 patients was overwhelmingly positive about the standard of care received and included comments such as, 'Friendly staff, efficient and professional. The dentist I see is lovely and listens to my concerns', 'Excellent treatment. Sympathetic care cannot thank my dentist and the staff enough' and 'I have been coming to this practice for many years and have always found the treatment I have received to be first class'. Many patients commented that they had been attending this practice for many years, they would not wish to be seen anywhere else and that they would highly recommend this practice.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders and a display board in the waiting room contained comprehensive information for patients to read including: details of local community teams and well-being services, treatment fees, accessibility information and practice policies. Music was played in the waiting room and there was an information screen displaying oral health information.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with

patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. We saw notices in the waiting room, informing patients that translation services were available. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.
- The practice information screen invited patients with protected characteristics to have a discussion with the practice team to enable them to better support them and make any reasonable adjustments.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

Are services caring?

The dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found this practice was providing responsive care in accordance with the relevant regulations.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. Several team members had attended a dementia awareness course to enable them to support patients living with dementia. Adjustments had been made to the practice following this such as removing some floor mats and discussing the training with the team.

The practice used the garden surgery to support patients with autism to receive care. The garden surgery and its dedicated waiting room were situated in the old coach house building at the bottom of the garden. This benefitted patients who preferred a quiet and calming area with dimmed lighting in the waiting room. The practice manager described to us how one patient's parent called to cancel their appointment as they were concerned their child may not be able to tolerate treatment. The practice invited the parent into the practice and gave them a tour of the garden surgery, this resulted in the parent booking the appointment and the child receiving care.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

36 cards were completed, giving a patient response rate of 72%

100% of views expressed by patients were positive.

Common themes within the positive feedback was that first-class treatment was given, staff were always professional and polite and that the practice was always spotlessly clean and tidy.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment. At the time of our inspection the practice had identified that they had some patients that would benefit from the use of a bariatric chair, rather than referring these patients they were treating them in a sitting position where possible. This had been discussed and the principal dentists were in the process of purchasing a new chair.

The practice had made reasonable adjustments where possible for patients with disabilities. This included wheelchair access, the garden surgery, grab rails next to stairs, a step for patients with walking aids, a water bowl was available in the garden for assistance dogs and large print documents were available on request. Due to the layout of the building it was not possible to have an accessible toilet with hand rails and a call bell, patients were advised of this when they joined the practice and were signposted to the nearest facility which was a five-minute walk from the practice.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

All patients were reminded of appointments four weeks before and then two days before either by text message or letter dependant on the patient's preference. Staff told us that they telephoned some patients who had longer appointments scheduled the day before their appointment. Staff described an example of a patient who had a visual impairment, they ensured that they telephoned this patient to remind them of their appointments rather than sending a text message reminder.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Are services responsive to people's needs?

(for example, to feedback?)

The staff took part in an emergency on-call arrangement with some other local practices for their private patients. The practice signposted NHS patients to the NHS 111 out of hour's service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet

explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

The practice demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustained high-quality services and demonstrated improvements over time.

Leadership capacity and capability

We found the principal dentists had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care. An action plan for improvements to the practice scheduled for 2020 included recovering dental chairs, upgrading and changing software, surgery refurbishments and decorating washrooms.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients. For example, the practice was aware of the population group they served and strived to ensure they could understand all patient's needs. This included staff training in dementia and autism awareness and improvements made to the service to support these patient groups following the training. The practice manager told us that three members of staff were scheduled to attend Makaton training to further support patients.

We saw the provider had systems in place to deal with staff poor performance. They had access to an external human resources company in addition to their practice policies and procedures.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, one patient informed the practice that they had incurred charges when using the interpreter line service to receive treatment. An apology and full refund were given to the patient. This was discussed at a staff meeting to share learning and to ensure that all patients requiring this service used the practice landline in future. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

There was good communication within the practice and monthly meetings were minuted to ensure all staff were kept up to date with any changes and updates. The practice provided six CPD sessions throughout the year to support staff to complete core topic training.

Are services well-led?

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example NHS BSA performance information, surveys, audits, external body reviews was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient surveys, online feedback and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on. For example, the practice had a step built for patients using walking aids as one patient feedback to the practice that this would help them with the slight incline in the reception area. Grab rails were also installed next to stairs as a result of patient feedback.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow

patients to provide feedback on NHS services they have used. Results from November 2019 from eight respondents showed 100% would recommend this practice to family and friends.

The provider gathered feedback from staff through meetings, appraisals, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The staff were involved in quality improvement initiatives including peer review as part of their approach in providing high quality care. The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The practice manager informed us that they had scheduled a record keeping audit to be completed in January 2020.

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.